

APPLICATION FOR EXAMINATION FOR A FACTORY-BUILT HOUSING QUALITY ASSURANCE INSPECTOR

NAME _____
LAST FIRST MIDDLE

RESIDENCE ADDRESS _____
NUMBER AND STREET CITY STATE ZIP

TELEPHONE (____) _____ (____) _____
BUSINESS HOME

QUALITY ASSURANCE
AGENCY _____ (____) _____
TELEPHONE

AGENCY ADDRESS _____
NUMBER AND STREET CITY STATE ZIP

WORK EXPERIENCE (LIST MOST RECENT EMPLOYER FIRST)

FROM MO YR	TO MO YR	TITLE AND DUTIES PERFORMED	EMPLOYERS NAME, ADDRESS , TYPE OF BUSINESS

**ATTACH ADDITIONAL QUALIFYING INFORMATION OR RESUME TO BACK

EDUCATION

NAME AND LOCATION OF HIGH SCHOOL CIRCLE GRADE COMPLETED : 9 10 11 12

NAME AND LOCATION OF COLLEGE OR UNIVERSITY TYPE DEGREE EARNED DATE DEGREE GRANTED

PLEASE INDICATE THE TYPE OF CERTIFICATION DESIRED:

☐ COMPLETE UNITS AND COMPONENT PANELS ☐ COMPONENT PANELS ONLY

PLEASE INDICATE YOUR PREFERENCE AS TO WHERE YOU WOULD LIKE YOUR EXAMINATION SCHEDULED:

☐ SACRAMENTO ☐ RIVERSIDE

CERTIFICATION FEE: \$266.00 , PURSUANT TO SECTION 3060, TITLE 25, CHAPTER 3, SUBCHAPTER 1,
CALIFORNIA CODE OF REGULATIONS

RENEWAL FEE : \$ 40.00

CITIZENSHIP / IMMIGRATION STATUS DECLARATION

- ☐ COMPLETED STATEMENT OF CITIZENSHIP, ALIENAGE AND IMMIGRATION STATUS
- ☐ COPY OF ONE OF THE DOCUMENTS FROM LIST A OR B SHOWING U.S CITIZENSHIP OR QUALIFIED ALIEN STATUS
- ☐ APPLICANT VERIFICATION FEE \$ 13.00 (NOT REQUIRED UPON RENEWAL)

I, _____, HEREBY CERTIFY THAT ALL STATEMENTS MADE
(PRINT OR TYPE NAME)

IN THIS APPLICATION ARE TRUE AND COMPLETE.

(SIGNATURE)

(DATE)

HCD-305 FBH (Rev 12-99)